disorders: -0.1263, -0.2265, -0.02694, 0.0136; (Log) Number of previous fractures: -0.02572, 0.004297, 0.04713, 0.0186; (Log) Age: 0.07413, 0.008808, 0.1394, 0.0261; Ongoing congestive: 0.06264, 0.006147, 0.1191, 0.0298 for Parameter Estimate, Lower 95% CI, Upper 95% CI, P value, respectively. * cohort p < 0.001 Defined by OPAG. Investigator site included as a random effect.

**ASSESSMENT OF THE QUALITY OF LIFE IN WOMEN WITH VENOUS DISEASE**

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Venous disease (VD) is characterized by an impairment of the flaps or small valves. Currently, VD is a frequent medical problem as well as a real socio-professional disability because of its physical symptoms. The quality of life (qol) of the patients is affected by this problem. OBJECTIVES: Assess, in real-life conditions, the impact of a Vitamin C, Ruscus and hesperidin methyl-chalcone based treatment, on the quality of life of patients with venous disease. METHODS: Pragmatic assessment in real-life conditions over a 7-day period with the pharmacist handing out the questionnaire when the treatment is delivered. The SQOR-V, a validated questionnaire available in several languages, was used. RESULTS: A total of 76 women were included, average age 48.95, average weight 63.5 kg with an average BMI of 23.8, 29% with a BMI higher than 25 and 79% are non-smoking and 38% exercise regularly, 49% has a professional activity, of which 51% are required to stand for more than 6 hrs, and 20% say they must stand without any rest. One patient in 3 believes that her discomfort (36%), complaints (36%) and pain (34%) had improved as soon as the 3rd day. On the 7th day, 2 in 3 patients believed that their discomfort (59%), complaints (58%) and their pain (61%) had improved. Seventy-nine percent of the patients declared being satisfied and 74% would recommend this treatment. This data is confirmed through the qol life assessment. In fact, the qol assessment questionnaire SQOR-V showed a score of 64.28 at the time of inclusion, which became 39.66 at the end of the 7-day treatment period. The qol improvement is statistically significant (p = 0.03). CONCLUSIONS: The treatment shows its effectiveness in 7 days through a statistically significant improvement of qol. This subjective data is confirmed by the patients' satisfaction expressed through the renewal of the treatment and recommending it to people they know.

**RELATIONSHIP BETWEEN HEALTH-RELATED QUALITY OF LIFE AND MULTIMORBIDITY AMONG OLDER PERSONS IN GERMANY—RESULTS OF THE PRISCUS-COHORT**

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OBJECTIVES: Changed morbidity patterns in many industrialised countries lead to new requirements concerning the health care process. In contrast to a complete cure and due to increasing multiple chronic conditions with longevity, the alleviation of complaints and thereby securing the health-related quality of life (HRQoL) is more and more in the focus of efforts. Aim of this study is to analyse the effects of multiple chronic conditions on HRQoL in elderly people (≥70 years). METHODS: Based on data from the getABI cohort (PRISCUS), empirical analyses were conducted. To evaluate HRQoL, a representative sample of 2,120 older participants (76.29 ± 5.69 years) were included. The Turkish QLESQ has a factor load ranging from 0.22 to 0.76. There was a strong relationship between QLESQ and EuroQol. The QLESQ has good validity and reliability for Turkish women.

**WILLINGNESS TO PAY PER QUALITY-ADJUSTED LIFE YEAR OF CHRONIC PROSTATITIS PATIENTS IN CHINA**

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OBJECTIVES: Willingness to pay (WTP) per quality-adjusted life year (QALY) has been suggested as the threshold of cost-effectiveness analysis (CEA) in evaluating health technology. This study is to estimate the WTPQALY in Chinese patients with chronic prostatitis (CP). METHODS: A consecutive sample of CP outpatients who visited 306 Hospital of PLA in Beijing, China at the beginning of 2009 was recruited. Their health related utility was assessed through EQ-5D and SF-6D, and their health status with EQ-VAS and National Institutes of Health-Chronic Prostatitis Symptom Index. A closed-ended iterative bidding contingent valuation method was used to elicit WTP for a hypothetical perfect health. WTPQALY was calculated with the utility and WTP value elicited in this study. Multiple linear regression models were run to identify the effect of factors on the magnitude of WTPQALY. RESULTS: After informed consent, 178 CP patients participated in the study. Mean (SD) EQ-5D and SF-6D utility weights were comparable at 0.74 (0.13) and 0.73 (0.09) respectively, WTPQALY were estimated at US$8197 with EQ-5D and US$7684 with SF-6D, which were much lower than the often-cited threshold of cost-effectiveness analysis. Compared with the threshold recommended by World Health Organization, which is 1–3 times of gross domestic product per capita, WTPQALY from this study was also at the lower bound. Working and unmarried Patients with higher household income were willing to pay more for a QALY. CONCLUSIONS: As the first study to estimate the WTPQALY in China, this study demonstrated that question for WTP in this study is acceptable and feasible in Chinese CP patients, and the method to calculate WTP/ QALY produced meaningful answers. The lower WTPQALY compared with the often-cited threshold of CEA suggests that WTPQALY elicited from patients may not provide insight into societal valuations of medical expenditures.

**INDIVIDUAL’S HEALTH – Health Care Use & Policy Studies**

**PRESCRIPTION PATTERNS AND EXPENDITURE OF LONG-TERM BENZODIAZEPINE TREATMENT IN ELDERLY OUTPATIENTS IN TAIWAN**

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OBJECTIVES: Benzodiazepine (BZD) treatment of prolonged periods and higher dosage is not recommended for the elderly. Because of free choice of physicians and the absence of gatekeepers in Taiwan, this study aimed to identify prescription patterns and expenditure for long-term BZD treatment in elderly outpatients, and examine if increased prescribed dose was correlated with increased overlapped DDD and expenditure. METHODS: This study used a sampling database from the Bureau of National Health Insurance. Subjects were included if they were aged 65 or over and had received any BZD prescription in 2002. Received BZDs were divided into prescribed and overlapped quantities in terms of defined daily doses (DDDs) and expenditure. Single long-term prescriber was defined as receiving more than 180 supply days from one department. The logistic model and multivariate regression models were used to evaluate associations of factors with the prescription overlap and quantities of overlap, respectively. RESULTS: In 2002, 1,705 out of 7,561 elderly individuals had received BZDs with more than 180 prescription-covered days. Prescription overlap represented 10% of both their DDDs and expenditure. There were 107 subjects who had no single long-term prescriber and 362 subjects with more than 30 prescription-overlap days. Men, mental illness(es), comorbidities, multiple prescribers with or without a single long-term prescriber, and higher prescribed dose were associated with an increased likelihood of prescription overlap. Increased age, depression, a single long-term prescriber with or without multiple prescribers, and increased prescribed dose were correlated with increased overlapped DDD and expenditure. CONCLUSIONS: Eighteen percent of the elderly with long-term BZD treatment were not under the authority of a single prescriber, and the prescription overlap was highly concentrated in 21% of them. Multiple prescribers increased the probability of prescription overlap. Individuals with a single long-term prescriber and multiple prescribers had a higher risk of prescription overlap, and higher overlapped BZD DDDS and expenditure.